## C110001/8024

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## COVER LETTER

TO: Registration Section **Division of Corporations** 

HAIR EYE AM TALENTS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARCUS BURKE

Name of Person

**FOCUS 9 ENTERPRISES** 

Firm/Company

601 DELTONA BLVD STE 102

Address

DELTONA, FL 32725

City/State and Zip Code

PRESIDENT@FOCUS9ENTERPRISES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCUS BURKE

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

■\$30.00 Filing Fee & Certificate of Status □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAIR EYE AM TALE		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL11000118024	were filed on10/14/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi" L.L.C."	ted Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	193 TOWNE CENTER CIR	CLE SUITE D-01
(Principal office address MUST BE A STREET ADDRESS)	SANFORD, FL 32771	- B
		2913
Enter new mailing address, if applicable:	281 PORCHESTER DRIVE	AUG 28
(Mailing address MAY BE A POST OFFICE BOX)	BE A POST OFFICE BOX) SANFORD, FL 32771	
		108107 15: 26
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		
	_	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	idress
	, Florida _	7: C. d.
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Title <u>Name</u> <u>Address</u> 100 MONTEREY DRIVE LAKEITH SPRUILL MGR SANFORD, FL 32771 Remove Remove Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
ed _	AUGUST 19 / 2013
.u	
	muca Strato
	Signature of a member of authorized representative of a member
	SANIECE HUNTER
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE